# STATE EMPLOYEE WORKERS' COMPENSATION REPORTING PACKET



Missouri Office of Administration Risk Management Section Central Accident Reporting Office (CARO)

January, 2000

Bob Holden Governor

Michael Hartmann Commissioner



State of Missouri OFFICE OF ADMINISTRATION Central Accident Reporting Office Post Office Dox 009

Jefferson City, MO 65102 http://www.oa.state.mo.us/gs/risk/index.

Stan Perovich Director Division of General Services

Dear Injured State Employee,

This packet is designed to assist you in reporting work-related injuries. General information describing workers' compensation benefits is included on the next page of this packet. Please read the following instructions carefully. Complete and return the forms in this packet to your employer so that prompt attention may be given to your claim. Turn in all off work slips from medical providers to your state agency.

## **Employee Checklist:**

- ✓ If medical treatment is required, contact 1-800-624-2354 to seek authorized medical
- ✓ Complete the Employee Injury Report immediately (included in this packet) and turn it into your agency.
- ✓ Complete the Authorization to Release Medical Records Form (included in this packet) granting access to medical records and turn it into your agency.

## If You Have You Missed Time From Work Due To This Injury:

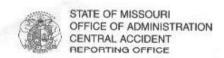
- ✓ Turn in off work slips from the medical provider indicating the days you should be off work due to the injury.
- ✓ Keep your agency informed of your work status.

Please be advised that your state agency must turn in all off work slips as well as inform us of the days you will miss work due to the injury before temporary total disability benefits may be considered. This information may be faxed to CARO at 573-751-5262.

If you have any questions regarding your workers' compensation claim, please contact CARO at (573) 751-2837 or toll free at 1-888-622-7694.

We wish you a speedy recovery.

Central Accident Reporting Office



#### STATE EMPLOYEE WORKERS' COMPENSATION REPORTING PACKET

This packet is designed to assist the state employee in reporting work-related injuries. Please read the following instructions carefully and complete the following forms so that prompt attention may be given to your claim.

### FOLLOW THESE STEPS WHEN AN INJURY OCCURS:

- 1. Complete the employee injury report immediately.
- 2. If medical treatment is required, contact 1-800-624-2354 to seek authorized medical care. Treatment not authorized will be at your own expense.
- Complete the Authorization to Release Medical Records form granting access to medical records. These records must be received before payment of medical charges may be considered.

RETURN ALL FORMS TO YOUR EMPLOYER PROMPTLY. FAILURE TO COMPLETE THESE FORMS MAY DELAY CONSIDERATION OF WORKERS' COMPENSATION BENEFITS.

Questions or concerns may be directed to the Central Accident Reporting Office (CARO) at (573) 751-2837 or 1-888-622-7694

#### **EMPLOYEE INJURY REPORT**

Under state law, written notice of the injury must be given to the employer. Describe in detail the time, place, and how you were injured. It is important to identify the specific body part injured, (Example: left or right wrist).

#### **AUTHORIZATION TO RELEASE MEDICAL RECORDS**

To avoid unnecessary delays, you are asked to sign an authorization to release medical records necessary to enable prompt consideration of workers' compensation benefits. Please complete the form, sign and date.

State of Missouri
Office of Administration
Central Accident Reporting Office
P.O. Box 809
Jefferson City, MO 65102
Phone: (573) 751-2837
or: 1 888 622 7694

# Worker's Compensation for Missouri State Employees

Missouri Office of Administration

Risk Management Section

#### What is Worker's Compensation?

Benefits payable to an employee by his or her employer without regard to liability in the case of injury, disability or death as the result of occupational hazards.

#### Who is covered?

All employees, full or part-time.

#### What is covered?

Injury or illness arising out of and in the course of the employment.

#### Time of coverage.

Coverage begins the first minute an employee is on the job and continues while the employee is working.

#### What about occupational diseases?

- It must arise out of and in the course of the employment.
- It cannot be an "ordinary disease of life", unless it follows an incident of an occupational disease.
- 3. It must clearly be work related.

## What are the Workers' Compensation benefits?

- Medical care to cure and relieve the effects of the injury. This includes doctor's fees, hospital costs, lab tests, X-rays, pharmacy charges, prosthetic devices, etc.
- Payments based on lost wages. These
  payments are for "temporary disability",
  or inability to work, authorized by a
  physician. Payments may also be made
  if there is a permanent disability-for
  example, the loss of an eye or the amputation of a finger or limb.
- Rehabilitation services. Often this is physical therapy, but should an injury keep you from returning to your usual job, you may qualify for retraining and vocational rehabilitation.

#### How much are the payments?

Two-thirds of your weekly wage up to a maximum set by law. Payment will not be made for the first three days (the waiting period) unless the disability exceeds fourteen (14) days.

#### A problem?

Most injuries are handled routinely. However, if you think you have not received all the benefits due you, contact your employer or the Central Accident Reporting Office (CARO). Most questions can be resolved with a single telephone call.

If questions or concerns cannot be resolved by CARO, you may wish to obtain advice from any office of the Missouri Division of Workers' Compensation. If the problem cannot be resolved, you may wish to file a "formal" claim with the Division. You may desire to obtain an attorney, however contacting CARO or the Division may resolve your claim. If not, your claim may be heard by an administrative law judge.

#### How to get benefits

Check List

- Report all injuries immediately to your employer. Document the time, place, names of witnesses and nature of the injury in a written report.
- O 2. If medical treatment is required, you or your employer should contact 1-800-624-2354 24-hours a day for the name of an authorized medical care provider in your area prior to seeking treatment. The State of Missouri will not pay for medical treatment you receive if you do not utilize authorized medical providers. However, you may seek your own medical care with the provider of your choice at your own expense.
- 3. Unless it is an emergency, do not seek aid without informing your employer and going to authorized medical providers.
- 4. If it is an emergency, seek initial treatment at the nearest hospital emergency room or medical clinic.

Then notify your employer as soon as possible.

- O 5. Notify the hospital or clinic that your injury is a workers' compensation injury and give the name, address and telephone number or your employer.
- 6. Surgeries and the purchase or rental of medical equipment should be preapproved by CARO.
- O 7. Mileage may be submitted to CARO for treatments outside of the local or metropolitan area from the place of injury or the place of residence.

Workers' compensation benefits may be reduced for injuries sustained in conjunction with the use of alcohol or controlled, nonprescribed drugs. Benefits may be torfeited if shown that the use of alcohol or controlled, nonprescribed drugs was the proximate cause of the injury.

Prompt reporting is the key! Avoid unnecessary delays or denials by notifying your employer immediately of an injury.

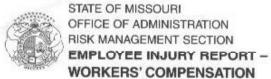
Fraudulent actions on the part of an employee, employer, or any other person is unlawful and subject to a fine up to \$10,000.

#### **Questions? Contact:**

Missouri Office of Administration Risk Management Section Central Accident Reporting Office "CARO" P.O. Box 809 Jefferson City, Missouri 65102 (573) 751-2837

> For the hearing impaired 1-800-735-2966

Toll Free 1-888-622-7694



CENTRAL ACCIDENT REPORTING OFFICE (CARO) P.O. BOX 809 JEFFERSON CITY, MO 65102 573-751-2837

WCU INVR-2

MO 300-0303 (10-98) 010GWEIR

EMPLOYEE NAME		NOTE I HEE	CARO NUMBER
We understand you may have suffered an injury or illnesseffort to consider you for benefits under workers' compreport in detail and do not leave any blanks. Return it Call 573/751-2837.	pensation, you are asked to co	implete this injury	report form. Please complete the
1. DATE OF INJURY	2. TIME OF INJURY	OF THE REAL PROPERTY.	
3. DESCRIBE CLEARLY AND IN DETAIL HOW YOU WERE INJURED.			
4. WHAT PART OF YOUR BODY WAS INJURED? (BE SPECIFIC - EXA	AMPLE RIGHT OR LEFT WRIST)		
5. WERE ANY OTHER PARTS OF YOUR BODY INJURED?			
6. NAME ALL WITNESSES TO YOUR INJURY?			
7. WHO DID YOU REPORT YOUR INJURY TO?			
8. WHEN DID YOU REPORT YOUR INJURY? GIVE DATE AND TIME			
9. WHO REFERRED YOU TO MEDICAL TREATMENT OUTSIDE YOUR	R AGENCY OR FACILITY?		
10. EXPLAIN ANY DELAYS IN REPORTING YOUR INJURY OR SEEKI	ING MEDICAL TREATMENT?		
11. IN YOUR OPINION, HOW MIGHT THE INJURY BE PREVENTED C	OR AVOIDED IN THE FUTURE?		
I HAVE PREPARED AND READ THE ABOVE AND DEC	CLARE IT TO BE TRUE,	.77	
SIGNATURE			DATE



#### STATE OF MISSOURI OFFICE OF ADMINISTRATION RISK MANAGEMENT SECTION

# AUTHORIZATION TO RELEASE MEDICAL RECORDS - WORKERS' COMPENSATION

CENTRAL ACCIDENT REPORTING OFFICE (CARO) P.O. BOX 800 JEFFERSON CITY, MO 65102 573-751-2837 TOLL FREE 1-888-622-7694

I, the undersigned,	73.045 cm 47.75 Apr. 2014 (17.04)		
			OCIAL SECURITY NUMBER
DATE OF BIRTH , do hereby requ	uest and authorize any medical	health care provid	er, upon presentation
of this authorization, to disclose to	o the State of Missouri, Central	Accident Reportin	g Office, or its repre-
sentative, including the Attorney G	eneral of Missouri and his Assist	ants, any material o	r information concern-
ing	PRINT OR TYPE NAME	with respect to ill	ness or injury, medical
history, consultation, treatment inclu		dical histories, nurse	es' notes, prescriptions
and copies of all hospital or medical	al records. A photostatic copy of	this authorization s	shall be considered as
effective and valid as the original.			
This is not a release of any claim I r	may have.		
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		DATE	
The state of the s			
ADDRESS			